

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/582337**

FILING DATE  
**18 SEP 2000**

APPLICANT(S)

*Jamatani*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	1					
5		1				
6		1				
7		1				
8		1				
9						
10						
11						
12						
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14						
15						
16						
17						
18						
19						
20						
21		1				
22						
23		1				
24						
25						
26						
27	1	1				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36						
37						
38						
39						
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41						
42		2				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2	21				
TOTAL DEP.	16	24				
TOTAL CLAIMS	18	26				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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